SOS APA Form 001

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES N	OTICE FILING			
AGENCY NAME MS State Department of Health – Civision of On-site Wastewater ADDRESS 2095 Dumberton Drive – Seite 201		CONTACT PERSON Charles Shultis OR Tim Darnell		
		CITY Jackson	STATE ZIP MS 39216	
MAIL tharles, shultis@msdh.state, ms.us DR tim.dame IdPmsdh.state, ms.us	SUBMIT DATE 6.11.10	Name or number of rule(s): As dided w/SO5: Chapter 10 Regu Wastewater Disposal	lation Governing Individual Onsite	
Short explanation of rule/amendm	ent/repeal and reas	ion(s) for proposing rule/amend	ment/repeal: Due to a recent change in	
Appendix 10 (Overland Discharge),	wastewater dispos	ed of by method of overland dis	charge now must meet the requirement	
stablished by American National	Standards Institute/	National Sanitation Foundation	(ANSI/NSF) International Standard Numb	er 40
Specific legal authority authorizing	the promulgation o	f rule: Law: 41-67-3 (Outles and	Responsibilities)	
List all rules repealed, amended, o	suspended by the	proposed rule: As titled w/SOS	Chapter 10 Regulation Governing Indivi-	dual
Onsite Wastewater Disposal				
ORAL PROCEEDING:				
An oral proceeding is schedule	for this rule on C	Pate: <u>6.30.10</u> Time: <u>10-11am</u>	Place: Osborne building (auditorium)	
Presently, an oral proceeding is	not scheduled on t	his rule.		
ten (10) or more persons. The written requ notice of proposed rule adoption and shoul agent or attorney, the name, address, ema	est should be submitted d include the name, add I address, and telephone	to the agency contact person at the ob- ress, email address, and telephone num number of the party or parties you rep	reding is submitted by a political subdivision, an agi ove address within twenty (20) days after the filing ber of the person(s) making the request; and, if you resent. At any time within the twenty-five (25) day ent/repeal may be submitted to the filing agency.	of this u are an
Economic impact statement no	t required for this r	ule. Concise summary of	economic impact statement attached.	
TEMPORARY RULES  Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action pr	oposed: ew rule(s) mendment to existing rule(s) speal of existing rule(s) doption by reference I final effective date: I days after filing ther (specify):	FINAL ACTION ON RULES  Date Proposed Rule Filed:  Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed  Effective date: 30 days after filing Other (specify):	
Printed name and Title of perso		e rules: Timethy R	Darnell Director of Env	, HA
Signature of person authorized	to file rules:	Tich		
OFFICIAL FILING STAMP		OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	
	SEC.	JUN 1 6 2010  MISSISSIPPI RETARY OF STATE		
Accepted for filing by	Accepted	for filing by	Accepted for filing by	_

Date: June 11, 2010

To: Mississippi - Secretary of State

700 North State Street

P.O. Box 136

Jackson, MS 39205-0136

From: Mississippi State Department of Health – Division of On-site Wastewater

2095 Dunbarton Drive - Suite 201

Jackson, MS 39216

Re: Notice of Proposed Rule Adoption (Form 001)

As titled w/ SOS: Chapter 10 Regulation Governing Individual Onsite Wastewater

Disposal

To whom this may concern:

The following Regulation is being filled with the Secretary of State, under the statutory authority of the Mississippi Individual On-site Wastewater Disposal System Law, 41 - 67 - 3 Duties and Responsibilities:

Chapter 10 Regulation Governing Individual Onsite Wastewater Disposal

Please find two (2) paper copies and (1) electronic copy (CD) of the above Regulation:

- Strikethroughs and underlines
- "Clean" copy (no strikethroughs or underlines)

The Oral Proceeding is scheduled for this rule on June 30, 2010 (10am-11am) at the Mississippi State Department of Health – Osborne building (auditorium).

For any additional questions, please contact this office at 601.364.2300.